FOR:	NO. FILED		NO. EXTRA	RATE	FEE
BASIC FEE					\$ 770
TOTAL CLAIMS	31	- 20 =	11	x 18 =	\$ 198
INDEPENDENT CLAIMS	1	- 3 =	-2	x 86 =	\$ 0
MULTIPLE DEPENDENT CLAIM PRESENTED				+ 290	\$ 0
			• .	TOTAL	\$ 968

X Please charge my Eastman Kodak Company Deposit Account No. <u>05-0225</u> in the amount of \$ 968

A duplicate copy of this sheet is enclosed

The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.

A duplicate copy of this sheet is enclosed

Arthur E. Kluegel/dlm Telephone: 585-477-2625 Facsimile: 585-477-1148 Attorney for Applicants Registration No. 25,518